

ACRC Gametes Donation

ACRC Global Fertility Holding Group



Donor Code: CD1365

Eye Color

Brown

Hair Color

Brown

Height

168 cm

Ethnicity

Caucasian

Blood Type

O-

Education

College

Donor Location

Germany

Willing to Travel Out of State?

Date of Birth

07/12/1999



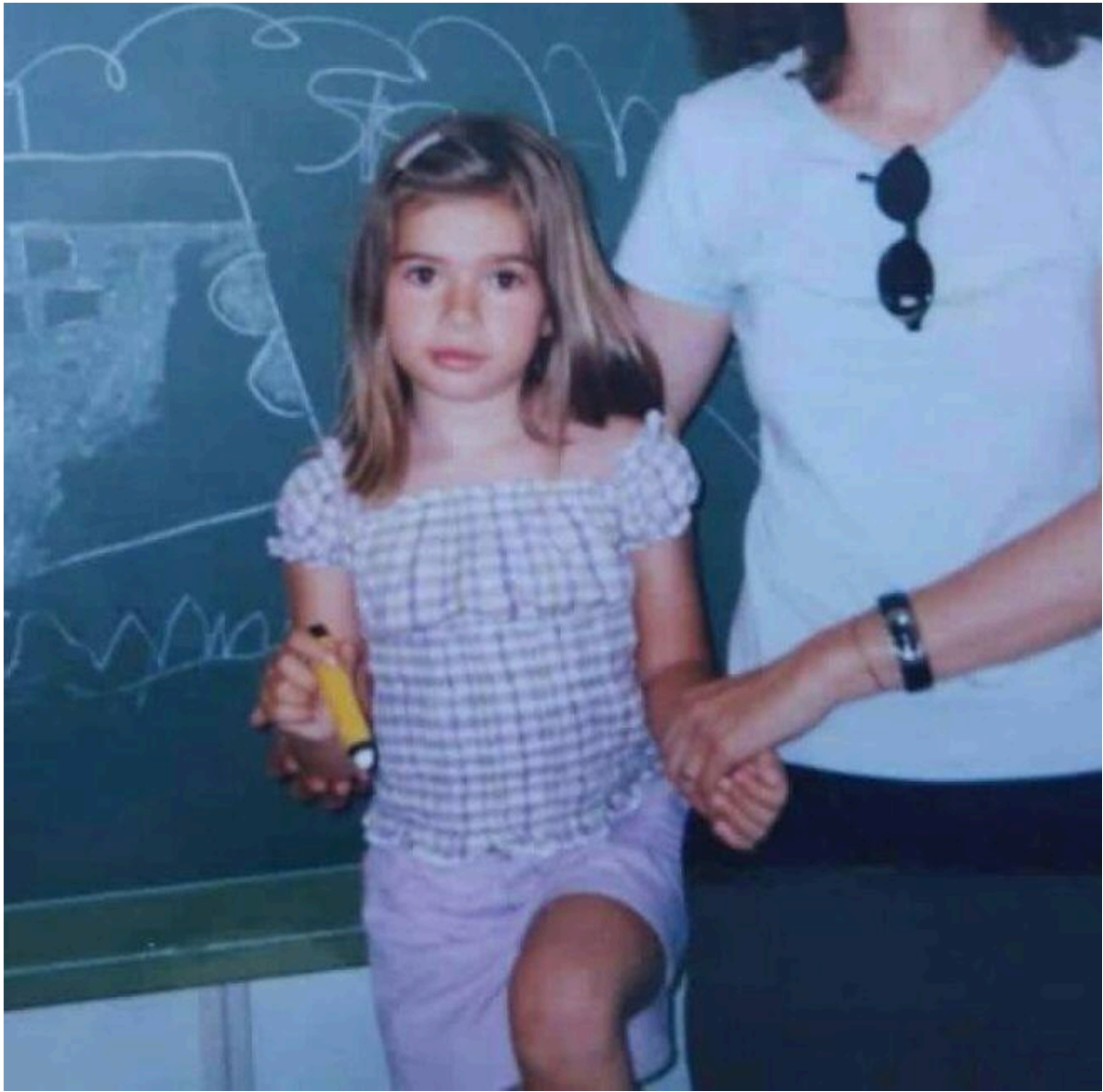












Donor Basic Information

Full name	María López Ruiz	Age	24 years old
Date of Birth	07/12/199	Eye Color	Brown
Blood Type & RH	O-	Predominant Hand	Right
Height	1,68	Birthplace	Benidorm, Alicante, Spain.
Weight	50 kg	Nationality	Spanish
Natural Hair Color	Light brown	Maternal Heritage	Spanish
Complexion	Fibrous, fine, long.	Paternal Heritage	Spanish

More About Your Donor

Where did you grow up and where do you live now?

I grow up in Torrevieja, Alicante, Spain. I'm living in Berlin, Germany.

Marital Status?

I'm single.

Do you have kids? If “yes “ please list number of kids, age and gender

No, I don't have kids.

Current Occupation

Student and model.

Level of Education (Please indicate the name of your schools from bachelor or associate degree and above)

Medium grade course. (Academia Cots, Alicante, Spain.)

Major (bachelor or associate degree and above)

Administrative management.

What was your GPA?

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What are your hobbies, talents, or if you won any rewards from the past?

Dance contemporary style, dance classic ballet, dance flamenco style , dance electronic music, play electronic music, paint, design.

Do you do exercise? What kinds of exercise?

Dance, yoga, and gym.

Egg donation availability

Always

How would you describe your personalities and characters?

I think that I am a kind, friendly, social, familiar, fun, creative, romantic, passionate, extroverted, daring, open, flexible, responsible person, with a lot of vitality and positivity. Always ready for new adventures and learn something new.

What language/languages do you speak?

Spanish, Italian, English and German.

If you could relay a message to your intended parents, what would the message be?

Makes me happy can collaborate on this, if anymoment do you need something I will be there for it.

Health and Medical History

Have you ever donated before? If yes, please indicate the time, clinic location, number of eggs retrieved and number of embryos if applicable.

No

Have you ever done any plastic surgery?

No

How often do you drink alcohol? Do you smoke?

Sometimes. I don't smoke

Are you currently taking any regular daily prescription medications due to any physical or mental issues? If yes, please indicate the name and dose of meds if applicable.

No

Within the past 12 months, have you had any tattoos or piercings? If yes, please explain and indicate month/year.

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No

Methods of birth control (e.g., birth control pills, IUD, condom, or none)

Condom

Do you have a regular menstrual cycle? When was your last menstruation?

Every 28 days

Have you ever pregnant or miscarriage before? If yes, how many times?

No

Have you ever done any surgeries under any physical conditions?

No

Have you or anyone in your immediate family ever been told by any doctor that you have serious physical or mental issues? (diabetes, heart disease, high blood pressure, genetic hereditary diseases, HIV, AIDS, hepatitis B or C, gonorrhea, syphilis, etc.)

No

When was your last Pap Smear checking? Was the result normal or not?

1 year ago. Yes, it was normal

Are you currently taking any recreational drugs?if yes,what are you taking?

No

Have you or anyone in your family experienced infertility issues?

No

Facts about Donor Biological Family

	Age	Hair Color	Eye Color	Height	Education Level	Occupation	If passed away, explain
	68	Brown	Green				
Father				1,69	Medium	Commercial director of real estate sales at European level	
Mother	60	Brown	Brown	1,60	Basic		
				1,72	Basic		
				1,65	Basic		
					Basic		
Brother							

Sister							
Paternal Grandfather	76	Brown	Green				
Paternal Grandmother	95	Brown	Brown				
Maternal Grandfather		Brown	Brown	1,70			
Maternal Grandmother		Brown	Brown	1,60	Basic		